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PATENT APPLICATION FEE DETERMINATION RECORD

Application of Docket Number

10/620,295

CLAIMS AS FILED - PART I (Column 1)			SMALL ENTITY		OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE
BASIC FEE (17 CFR 1.1(e))			\$ _____	\$ _____	\$ 750
TOTAL CLAIMS (17 CFR 1.1(e))	13	minus 20 = * 0	x \$ _____ =		0
INDEPENDENT CLAIMS (17 CFR 1.1(e))	3	minus 3 = * 0	x _____ =		0
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.1(e)(q))		0	+ _____ =		0
				TOTAL 0	OR TOTAL 750

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) _____ (Column 2) _____ (Column 3) _____

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
					*	**				
Total (57 CFR 1.14(e))	* 4	Minus	** 20	= 0	x \$ ___ =		OR x \$ ___ =	0	OR x \$ ___ =	0
Independent (57 CFR 1.16(e))	* 1	Minus	*** 3	= 0	x ___ =		OR x ___ =	0	OR x ___ =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS 57 CFR 1.16(e)										
					+ ___ =		OR + ___ =	0	OR + ___ =	0
							TOTAL	0		

	(Column 1)	(Column 2)	(Column 3)	TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (§ 7 CFR 1.16(c))	*	Minus	**	=	x \$ ___ =		x \$ ___ =	
Independent (§ 7 CFR 1.16(d))	*	Minus	***	=	x ___ =		x ___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ ___ -		+ ___ -	
						TOTAL	TOTAL ADDIT. FEE	0

(Column 1)		(Column 2)		(Column 3)		ADDT. FEE		ADDT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (G7 CFR 1.16(c))	*	Minus	**	=	x \$ ____ -	OR x \$ ____ -	OR x ____ -	OR x ____ -
Independent (G7 CFR 1.16(c))	*	Minus	***	=	x ____ -	OR x ____ -	OR x ____ -	OR + ____ -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM G7 CFR 1.16(d))						TOTAL ADDIT. FEE	0	TOTAL ADDIT. FEE	0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Bunches Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
Office, Washington, DC 20231.